



Board of Coal Mining Examiners
P.O. Drawer 900
Big Stone Gap, VA 24219
(276)523-8149

Verification of Training Completed for Continuing Education

Type or print in ink and submit it to the **Board of Coal Mining Examiners**. Check the appropriate box below that relates to type of continuing education requirement completed. Complete a form for each continuing education requirement completed.

☐ Advanced first aid

☐ First class mine foreman

☐ Diesel engine mechanic

☐ Surface foreman

1. Full Name _____ Date of Birth _____

2. Address _____
Street or P.O. Box _____ City _____ State _____ Zip Code _____

3. Home Phone No. (____) _____ Date of Employment _____

4. Employer Company Name _____

Mine Name and Index # _____

Address _____
Street or P.O. Box _____ City _____ State _____ Zip Code _____

5. I received continuing education training _____ on _____. In addition to the four hours required,
hours date

I completed _____ to be carried over to meet continuing education requirements for _____.
hours year

I hereby certify that the above answers are true to the best of my knowledge and belief.

Signed _____
Signature of applicant _____ Cert # _____ Date _____

I hereby certify to the BCME that the training I provided to the applicant set forth above meets the requirements of Virginia Code §45.1-161.34 and the Virginia Administrative Code 4 VAC 25-20.

Name printed and signed _____
Instructor approved by DM providing training

Instructor's Cert. # _____